

L 11000098358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

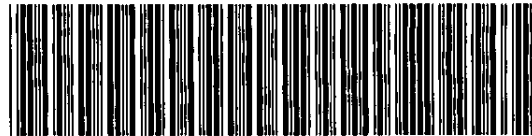
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AUTHORIZATION BY PHONE TO
CONTACT RA
DATE 10/22/13
DOC. EXAM 2

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13 OCT 21 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 22, 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M & R Air Conditioning and Refrigeration, LLC
Name of Corporation

DOCUMENT NUMBER: L11000098358

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY L. HAINES
Name of Contact Person

M & R Air Conditioning and Refrigeration, LLC
Firm/Company

1886 Village Glen Drive
Address

JACKSONVILLE, FL 32259
City/State and Zip Code

mracref@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY HAINES at (904) 940-0045
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2013

MARY L HAINES
1886 VILLAGE GLEN DR
JACKSONVILLE, FL 32259

SUBJECT: M & R AIR CONDITIONING AND REFRIGERATION, LLC
Ref. Number: L11000098358

We have received your document for M & R AIR CONDITIONING AND REFRIGERATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted wrong type of form, proper forms enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 513A00023875

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: M+R Air Conditioning And Refrigeration, LLC
2. (a) Principal office address of limited liability company: 1886 VILLAGE GREEN DRIVE
(Note: **MUST BE STREET ADDRESS**) JACKSONVILLE, FL 32259
- (b) Mailing address of limited liability company: 1886 VILLAGE GREEN DRIVE
(Note: **MAY BE POST OFFICE BOX**) JACKSONVILLE, FL 32259

3. Date of filing/registration in Florida: 8/26/2011
4. Document number: L11000098358

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

UNITED STATES CORPORATION AGENTS, INC

Registered Office Address:

13302 WINDING OAK GAVEN
Suite A
TAMPA, FL 33613

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

Mary Haines

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1886 VILLAGE GREEN DRIVE
JACKSONVILLE, FL 32259

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary Haines

Signature of a member or authorized representative of a member

MARY HAINES, VICE PRESIDENT

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mary Haines

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00